

compensation of house officers, nurses and other employes, and other departments personelled and equipped to render various other special services.

There has been, and is, considerable complaint from patients against the more or less lengthy list of "extras" that forms part of practically all hospital bills, and certainly forms part of the cost of operating each institution. These same people do not protest particularly when they are assigned a room in a hotel at \$4 per day and find on their account when they leave extra charges for food, telephone, messenger, laundry, and perhaps a dozen other services that have been rendered for them. This method of charging and cost accounting is the only fair one that can be instituted. It, of course, would be easy to establish a round figure covering all assembled costs of hospital service, and to quote this as a daily rate to any and all patients. If this were done, patients who have very little service would be paying part of the expenses of those who demand and require a great deal. So we must continue to make hospital bills according to this so-called European plan for the same reason that hotels and other businesses follow this same system.

One great trouble in devising methods for decreasing the cost of hospital service is found in the fact that comparatively few hospitals, including the majority of those operated by the government, have accounting systems that explain in any sufficient detail their financial situation. Inadequate, incomplete and deceptive accounting systems explain to a very remarkable degree the vast difference in the quoted and often-published cost of service to the sick in hospitals, this whether the institution be a so-called State Hospital that proposes to render all service at 62 cents a day or a high-class public or private hospital where the actual costs of service are \$5 or more per day.

In order to make its report of any particular value, it will be necessary for the committee to have total costs and the distribution of costs by departments of a large number of hospitals. A few of the principal items to be considered in this respect are:

The value of the hospital site.

The value of the buildings and improvements.

The interest on outstanding debts, whether notes, mortgages or what not.

The interest on bonds for those municipal and other hospitals that are bonded, this interest to equal at least the interest being paid on the bonds.

The amortization charges allocated by months necessary to retire these bonds when they mature.

The cost of repairs, alterations and replacements in buildings, equipment and furnishings, depreciation of plant and equipment.

The above is a list of items rarely given consideration in hospital accounting, and almost never in government hospitals that talk so much of cheap rates and free treatment.

In addition to these items, of course, there must be included information as to the cost in salaries and wages; the equipment and upkeep of each essential department, including X-ray, clinical and pathological laboratories, pharmacy, physiotherapy

and other mechanical therapeutic departments; subsistence and dietetics; the expense of setting up operating rooms, anesthesia and anesthetics, and many others. Also there are to be considered the general cost of adequate insurance of all kinds, which is no small item in hospitals; taxes, water, telephones, transportation, housing and other compensation in addition to salary necessary for employes, and numerous other items of professional, technical, and hotel expense.

All of the items mentioned in this general discussion and many others will be incorporated in a questionnaire shortly to be sent to all the leading hospitals, and it is hoped, for the sake of the welfare of the sick and in the interests of economical worthwhile service to them, that the committee may have the co-operation of all hospital authorities and of the public in general.

"FAKE DOCTORS" AND "DIPLOMA MILLS"

The exposure by a newspaper of the sale of high school certificates and medical diplomas in Missouri has grown into a national scandal. The wide discussion of the facts in all varieties of current literature should shock our people into a realization of their neglect of their responsibilities.

The conditions which make this form of trafficking with health a profitable business for the unscrupulous have not been fully brought out, and constructive remedies which, after all, should be the outcome of the publicity have not received sufficient attention.

Four fundamental forces are concerned in the problem of who shall practice the prevention of disease and the treatment of the sick. These are:

Education,

State laws,

Law enforcement,

Moral or ethical activities of medical organizations.

MEDICAL EDUCATION

Under the leadership of the Council on Medical Education and Hospitals of the American Medical Association, and with the co-operation of the Association of American Medical Colleges and the Association of Medical Examining Boards, great progress has been made in establishing high standards for accredited medical schools and for the attainments of the students. The present requirements for accredited schools and their graduates, as well as the machinery by which these requirements are maintained, modified or advanced, are quite satisfactory and are generally understood. The principal difficulty is, that the movement is a purely moral force, established and maintained by physicians and medical schools for their own purposes, and it has no legal standing.

Through the influence of boards of medical examiners and medical organizations, constant attempts have been made over many years to bring State laws into harmony with the moral forces of medicine. No State has laws which back up these

moral forces adequately upon all points. Some States approximate the requirements, but in most of them the "doctors" laws are hodgepodes of amendments and court rulings filled with holes through which the clever rascal can enter and become "legalized" to treat the sick.

The laudable efforts of the American Medical Association and its co-operative bodies to advance requirements in education, educational institutions, State laws and law enforcement are one basic excuse for constant attack upon this organization by every medical charlatan and political trickster in all of the States. This is the principal basic reason for the much-quoted allegation that the American Medical Association is a "medical trust."

STATE LAWS

There are just as many different laws regulating medical education and practice as there are States. Not one is all that it should be, and the frequent changes made in most of them by legislative enactment and court decisions make the situation as complex and difficult as possible. Many informed persons will regret that extensive organized publicity similar to that regarding uniform divorce laws could not be applied to the question of uniform medical practice laws. One excellent movement in this direction is well under way through the activities of the National Board of Medical Examiners. This is another of those moral forces being fostered by medical organizations, whose policies would be endorsed and protected in any adequate State law. This has been done by several States.

The prevailing underlying principle which seems to be reflected in most State laws is that of filtering the end-product, or young graduate, through a political sieve as the proof of his fitness to practice medicine. They do not pay sufficient attention to the character, quality or quantity of the student's education, nor the provisions of his "college," in finances, plant, equipment or personnel, for giving adequate instruction. In California, for example, any five persons can incorporate a "college" or "university" for less than \$20, and they can issue legally any diploma that can be issued by any university. There is no adequate legal requirement as to the quantity and quality of physical provisions for teaching nor the attainments of teachers. There are more than a score of "colleges," "schools" and "universities" operating *legally* in this State alone that can award any "degree" they choose. They are awarding "degrees" of D. C., D. O., D. O. M., D. O. S., and others which will permit the recipients to practice medicine under one or more of the numerous boards authorized to grant licenses to treat the sick.

Other laws provide that if one intends to use drugs in treatment, he must have completed a minimum of six years' study above high school. But if one only uses physical agents, whether punching the spine or squirting blue lights on the eye, he is required to study less than two years.

In spite of the charge so frequently made that California is the faker's paradise and the proving

ground for "reformers," conditions just as inadequate as ours obtain in a number of other States.

LAW ENFORCEMENT

Even the Volstead Act is being more generally and more effectively enforced than are the laws regulating the treatment of the sick, such as they are, in most of the States. One only need examine the classified telephone directory of most cities to get an idea of the variety and number of unlicensed practitioners. Enforcement of the "doctors" laws is also about as unpopular as enforcement of the Volstead Act. The enforcement in many States is most unfortunately the duty of medical examining boards made up of physicians. If these boards do their duty, the onus of enforcement is charged against the medical profession. If they fail in their duty, the medical profession is blamed for the periodic scandals as they occur. All prosecutions and other enforcement activities should, of course, be in the hands of the police and other State and local law enforcement officers. This would fix the disagreeable responsibilities where they belong and relieve the medical profession of another of the alleged reasons for calling it a "trust."

MORAL RESPONSIBILITIES OF MEDICAL ORGANIZATIONS

The *moral* standards as distinguished from *legal* standards governing the practice of the healing art, including education and regulation of standards of all the agencies of medicine, constitute a great tribute to the American Medical Association and all of its subsidiaries and all of its co-operative contacts. This tribute is all the more impressive when we realize that the majority of the 150,000 educated physicians of the country are members of the organization and recognize the superior *moral* standard rather than any of the lower and usually inadequate standards fixed by law in the various States. Many of the thousands who are not now Fellows of the A. M. A. are eligible and should join their organization. That comparatively small group of doctors of medicine who, although they are privileged by law to practice medicine, are not eligible for membership under our *moral* standard, as well as all the groups of inadequately educated barnacles of medicine, should be made to stand out clearly for exactly what they are.

Our medical associations undoubtedly will stand firmly for the maintenance and constant improvement of our educational, moral and social standards. They undoubtedly will continue active in trying to improve the legal standards until they conform more generally to the educational standards.

Our leaders who have been elected and appointed to positions of trust deserve more wholehearted support and more universal encouragement than they are accustomed to receive.

The present and any other "medical" scandals reflect in a most discreditable manner upon the political and legal machinery of many States, while at the same time they help, by contrast, to show more widely the soundness of our organizational policies and their importance in protecting public health and in providing ethical, adequately educated physicians for our citizens.

If Connecticut, Missouri, or any other State

wishes to safeguard the health of their citizens they can do so by enacting the model medical practice act drawn by the Bureau of Legal Medicine and Legislation of the American Medical Association and by making the minimum educational requirement the degree of Doctor of Medicine from a college accredited by the Council on Medical Education and Hospitals of the A. M. A. These steps and the selection of enforcement officers who will enforce laws will insure the best of protection in public and private health.

WHO WILL EMPLOY AND DIRECT PHYSICIANS OF THE FUTURE?

Physicians who are interested in the general problem of better medicine and better public health for everyone, as distinguished from the clinical side of their work, will get some interesting information from an article by Willard S. Small, dean of the College of Education, University of Maryland, published as Bulletin No. 33 of the Department of the Interior at Washington.

Under the sub-heading of School Health Supervision, Professor Small says that two tendencies are noted in the administrative development of this work. These are "the broadening of the scope of medical inspection into school health supervision, and *recognition of the educational department as the logical administrative authority.*" This phase of his subject is further elaborated in the pamphlet.

He recognizes that the public health and medical work among school children is done under four kinds of administrative authority, (a) the educational authorities; (b) public health authorities; (c) private and voluntary health organizations, and (d) multiple authority. He states that administrative control of this particular branch of medical practice and public health is most frequently in the hands of departments of education and least frequently under the control of boards of health.

In his tabulated work he does not distinguish between the medical work done by physicians and that done by nurses.

The author is particularly pleased to note that during recent years most of the new laws and revision of old laws pertaining to health problems of the school specify them as part of the program of departments of education and not of departments of health or otherwise under medical control.

Documents of this character and other release propaganda received by editors from all sorts of sources are certainly interesting to physicians, whether they be practicing preventive or curative medicine, or both as they should be. They indicate very clearly the direction in which medicine in the United States is very rapidly moving.

Stanford University Medical School (reported by W. Ophuls, dean)—The faculty of the Stanford Medical School has recently been especially interested in a possible revision of the pre-medical requirements and of the curriculum in the medical school. So many subjects are now required in the pre-medical curriculum that the students have lost almost entirely the possibility of electing courses

that they may be especially interested in. It is hoped that in some way these rather excessive special requirements may be cut down and the students be given greater latitude in their preparation. This subject was discussed very thoroughly at a joint conference of the two medical schools in San Francisco, which was held on October 17, 1923, and there is now a joint committee working on it.

The committee of the medical faculty on revision of the medical curriculum has reported as follows:

The committee recommends—

1. Closer correlation in the work of the various departments and courses, and intra- and inter-departmental conferences on the content and aim of courses.

2. That more emphasis be placed upon the training needed by the general practitioner, but that we exert ourselves to the utmost to encourage disciples in the various branches of medicine.

3. That the work of the fourth year in medicine and also, so far as practicable, in other clinical departments, be so arranged that students can act as clinical assistants in the wards and out-patient clinics instead of attending lectures and demonstrations.

4. That the required work in the specialties be confined to their bearing on the needs of the general practitioner, but that the teaching be done by the various specialists concerned after consultation with their respective departmental staffs.

5. That greater emphasis be placed on the teaching of hygiene and public health, and that we earnestly recommend the establishment of a department of hygiene and public health.

6. That, in order to improve the services of our students at accredited hospitals, the dean be requested to appoint a committee of five to inquire of and to confer with ex-interns, regarding the nature of their services and suggestions for improvement of the same.

7. That the work in physical diagnosis and pathology now given at Stanford University be transferred to San Francisco.

8. That all required work be reduced by 8 per cent. This report has been adopted by the medical faculty.

The recommendation of the committee will mean that the medical students will come to San Francisco one quarter earlier than they have heretofore.

The medical school has received from an anonymous donor \$300 as part payment for a fellowship in physical therapy.

The following course of popular medical lectures on "The Internal Secretions" is now being given in Lane Hall on alternate Friday evenings:

January 4.—"Active Principles Derived from the Glands of Internal Secretions," by P. J. Hanzlik.

January 18.—"Thyroid Disease," by Clement H. Arnold.

February 1.—"The Secretion of the Anterior Hypophysis," by Herbert M. Evans.

February 15.—"Hypophyseal Disturbances in Man," by E. B. Towne.

February 29.—"Insulin and Diabetes," by D. E. Shephardson.

March 14.—"The Effect of the Sexual Cycle on Voluntary Activity in the White Rat," by Professor J. R. Slonaker.

Professor Ludwig Aschoff of Freiburg has been selected as Lane medical lecturer for the year 1924, and Professor Vittorio Putti of the University of Bologna, the famous orthopedist, has been named Lane medical lecturer for 1925. Professor Aschoff will probably deliver his lectures during the last week in May.

The Lane Hospital is carrying on special work on insulin, under a grant from John D. Rockefeller Jr., of \$10,000.